



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	07 January 2025
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0037300

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Dereen Services is registered to accommodate six residents over the age of 18 years. Both male and female residents who have a moderate to profound intellectual disability and some have additional physical disabilities are accommodated. The service can support individuals with complex needs such as physical, medical, mental health, autism, dementia, mobility and/or sensory needs and who may require assistance with communication. It is intended to offer a lifelong service for residents. The centre comprises one house set in a rural area, but close to local towns and villages. Residents at Dereen Services are supported by a staff team that includes; team leaders, nurses, social care workers and support workers. .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 January 2025	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations. Dereen services currently includes one house which can accommodate up to six residents. A recent application to renew registration of this centre includes increasing the number of residents to be accommodated to 12 by including a second house which is currently registered as a separate designated centre (Kiltartan services). Both houses were visited as part of this inspection. However, the main focus of this inspection took place in the house currently registered as Dereen Services.

The inspection was facilitated by the person in charge. The inspector also met with staff who worked in the centre. On the day of inspection, there were five residents being accommodated in Dereen services, the inspector met with all five residents. Due to the communication needs of these residents, they were unable to tell the inspector their views about the care and support they received; however, they appeared happy and smiled and some shook hands with the inspector. The inspector observed how they communicated effectively with staff who clearly understood and correctly interpreted their gestures and cues. Five completed questionnaires about what it is like to live in the centre which had been completed by service users and their families prior to the inspection were also reviewed.

Three of the residents had been living together in the house for many years and two residents had been more recently accommodated. Staff advised that both residents who had moved in over the past year had settled in well. All residents appeared content and relaxed in their environment and with staff supporting them. Residents had complex physical and medical health care needs. There was continuity of care from a core staff team who knew the residents well. Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests. Two residents attended day services during the week days and three of the residents were provided with a wrap around day service from the house.

On arrival to the centre, there was a homely and welcoming atmosphere, where residents were being supported by staff to go about their morning routines. Two residents were relaxing as they waited to be collected to go their respective day services. They both appeared happy to be returning to day services following the Christmas break. Another resident appeared content and relaxed as they sat at the dining table with a cup of tea listening to music on their iPad. One resident was being assisted with personal care while staff reported that another resident preferred staying in bed until later in the morning. Throughout the day, staff were observed spending time and interacting warmly with residents. Residents were observed enjoying the interaction and company of staff, some enjoyed sitting in the kitchen watching and interacting with staff as they prepared and cooked meals, another was supported to attend a music session at a local day service and another

was observed using their movement therapy bicycle.

The centre was a large comfortable single storey house with well-maintained gardens, located in a rural area but close to a number of local villages. The external areas of the house were well maintained with colourful flower pots at the entrance area providing an inviting entry. The centre was warm, visibly clean, spacious, furnished and decorated in a homely style. There was a variety of interconnecting communal spaces available, the layout and design allowed residents to enjoy a variety of settings including space to relax in quieter areas but yet view what was happening in the main communal day areas. There was a well equipped kitchen which had been recently renovated, laundry and sufficient bathrooms. Two of the bathrooms had specialised Jacuzzi baths. Residents had their own bedrooms which were spacious, comfortably decorated in line with residents preferences. All bedrooms were personalised with residents own family photographs and other personal belongings of significance to them.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms, bathrooms and dining room to assist with mobility. There was a specially designed, height adjustable dining table to ensure that wheelchair users could sit comfortably at the table. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and those residents who were visually impaired. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for sitting room, dining room, kitchen and bathrooms. The aim of these was to provide visual cues for residents to recognise the area they were going to.

From conversations with staff, observations made by the inspector, a review of completed questionnaires and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. It was evident that residents regularly enjoyed going out for walks, drives, going for coffee, eating out and going shopping. There were many photographs of residents enjoying a variety of activities including celebrating birthdays, attending recent Christmas parties in a local hotel, visits from Santa, day trips to places of interest, walks in wooded parks, and some residents had enjoyed short hotel break holidays. Residents had recently enjoyed trips to the local Christmas markets, Christmas lights show and had been on Christmas shopping trips. Residents had access to transport which they could use to attend activities and go on day trips. The person in charge advised that a new bus was due to be provided early this year. Some residents also enjoyed relaxing in the house, listening to their preferred music videos and preferred television programmes or having a Jacuzzi bath.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, the human right charter, staffing information, menu options and daily activities schedules were made available to residents in picture format. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It appeared that they were supported and encouraged to have a good quality of life that was respectful of their individual wishes and interests.

Overall, there was good compliance with the regulations reviewed on inspection, however, some improvements were required to records that were required to be maintained in relation to staff rosters, staff training and fire drills.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This announced inspection was carried out as part of ongoing regulatory monitoring of the centre, and to inform a decision following the provider's application to renew the registration of the centre.

The findings from this inspection indicated good compliance with the regulations reviewed and there was evidence of good practice in many areas. However, some improvements were required to records that were required to be maintained in relation to staff rosters, staff training and fire drills.

There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was responsible for two designated centres as well as having other managerial responsibilities in the organisation. However, the application to renew registration currently under consideration is to amalgamate both these centres. The person in charge was supported in their role by a team leader in each house, staff team and area manager. There were on-call management arrangements in place for out-of-hours.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. The inspector noted that there were adequate staff on duty to support the residents on the day of inspection. The staffing rosters reviewed for 29 December 2024 to 11 January 2025 indicated that a team of consistent staff was in

place. The roster clearly set out the staff on duty, their roles as well as the staff member in charge of each shift. However, some improvements were required to ensure that the full names of all staff were included and the hours worked by night staff were clearly set out.

The person in charge advised that ongoing training was provided to all staff, however, staff training records available in the centre were not up-to-date. The person in charge advised that there was a backlog in uploading confirmation of training onto the computerised documentation system but they did obtain confirmation from the human resource department prior to the end of the inspection that training in safeguarding, hand hygiene and feeding, eating and drinking guidance had recently been completed by staff.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The most recent review was completed in December 2024. Areas for improvement identified were in the process of being progressed such as new transport to be provided and ongoing training of staff in the computerised documentation system. Planned improvements as an outcome of the annual review for 2023 had been addressed. The person in charge advised that questionnaires had recently been issued to residents families to inform the planned annual review for 2024.

The local management team and staff had audit systems to regularly review areas such as health and safety, infection prevention and control, medication management and residents finances. The audit systems also included a quarterly review of incidents and accidents, medication errors and complaints. The inspector reviewed a sample of completed audits. The results of audits indicated good compliance and were discussed with staff at regular scheduled team meetings to ensure learning and improvement to practice.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. They had a regular

presence in the centre and were well known to residents and staff. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents in the centre. The staffing levels at the time of inspection met the support needs of residents. There were normally four staff on duty throughout the day and evening and one staff member on duty at night time. There was a housekeeping staff member employed three days a week.

The person in charge maintained a planned and actual staff rota. The inspector viewed the rosters for 29 December 2024 to 11 January 2025. While the roster clearly set out the staff on duty, their roles as well as the staff member in charge of each shift, improvements were required to ensure that the full names of all staff were included and the hours worked by night staff were clearly set out.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training including refresher training. However, as discussed under the capacity and capability section of this report, up-to-date staff training records were not available in the centre as required. This action is included under Regulation 21: Records.

Judgment: Compliant

Regulation 21: Records

The provider had not ensured that all records of the information and documentation in relation to staff was maintained and available for inspection. For example, up-to-date staff training records were not available for all staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had been addressed. While further oversight was required in relation to some records required to be maintained such as those relating to staff rosters, staff training and fire drills, the regulations reviewed on this inspection were generally found to be compliant.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service.

There was evidence of ongoing consultation with residents and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration. Some minor updates were required to ensure that the narrative description of rooms reflected accurately the room descriptions in the associated floor plans. An updated Statement of purpose was submitted following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that there were systems in place to effectively manage complaints if received. There was a comprehensive complaints policy in place. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received since the last inspection and there were no open complaints.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service, to nursing supports and a range of allied health services. The inspector reviewed a sample of two residents files. There were a range of up-to-date assessments, as well as, care and support plans recorded. Support plans in place including those to guide the specific health care needs of residents and were found to be comprehensive, informative, person centered and had been recently reviewed.

Personal plans had been developed in consultation with residents, family members and staff. Planning meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and there were regular reviews of progress throughout the year. This documentation was found to clearly identify meaningful goals for residents, with a clear plan of action to support these residents to achieve their goals. The inspector noted that goals set out for 2024 had generally been achieved.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, furnished and decorated in a homely style. The provider had continued to invest in the building with recent renovations to the kitchen and refurbishments haven taken place.

The provider had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. Identified risks as well as the results of audits were discussed with staff at team meetings. The management and staff team continued to regularly review all restrictive practices in use. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. All staff had been involved in completing fire drills and regular fire drills had continued to take place. However, further details were required to fire drill records in order to provide additional assurances that residents could be evacuated safely in a timely manner particularly at night-time when only one staff on duty.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. Some residents had stayed with family members over the Christmas holiday period and others had received visits from family members over the holidays. Some relatives had visited and had sang songs and played music for the residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual interests, as well as their assessed needs. The centre was located close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. From conversations with staff as well as information and photographs reviewed during the inspection, it was evident that residents lived meaningful lives and spent time going places and attending events that they enjoyed.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents. All areas of the centre were designed to allow for wheelchair users to easily move about. The centre was visibly clean, suitably decorated in a homely style and maintained in a good state of repair.

The house was well-equipped with aids and appliances to support and meet the assessed needs of residents. Overhead ceiling hoists and specialised equipment including beds, bath and showering equipment were provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan available. There were regular reviews of health and safety, fire safety, medication management, infection, prevention and control and incidents completed by the local management team. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were visibly clean and well maintained. Recent refurbishments to the kitchen further enhanced infection prevention and control in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills were taking place involving all staff and residents. Works to the premises including the widening of some bedroom doors, the provision of external doors to some bedrooms and the provision of separate fire compartments had been provided to assist in the timely evacuation of residents in the event of fire.

As discussed previously, further details were required to fire drill records in order to provide additional assurances that residents could be evacuated safely in a timely manner particularly at night -time when only one staff on duty. For example, it was not always clear how many staff were involved in the fire drills, how many residents

were in bed at the time of the drill, if horizontal evacuation or full evacuation of the building had taken place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Residents had complex care and support needs and staff spoken with were familiar with, and knowledgeable regarding those needs. The inspector reviewed a sample of two residents files. There was a comprehensive assessment of need completed, individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of review meetings and progress updates.

Judgment: Compliant

Regulation 6: Health care

The staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), consultants and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, physiotherapist, occupational therapist, speech and language therapist, behaviour support therapist, psychologist and psychiatrist. Records also showed that guidance from healthcare professionals was available to inform and guide staff in the designated centre. Staff had been provided with training for some specific health care needs, such as, dysphagia and feeding eating and drinking guidance. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. All staff had received training in order to support residents manage their behaviour. The local management team and staff advised that residents were happy and content living in the centre. They advised that there had been a notable reduction in incidents relating to behaviour that challenged in recent months.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officers were displayed. The inspector was satisfied that a safeguarding incident reported to the Chief Inspector in recent months had been managed appropriately. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of residents. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Residents continued to be supported to partake in activities that they enjoyed in the centre and in the local community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dereen Services OSV-0005327

Inspection ID: MON-0037300

Date of inspection: 07/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with Regulation 15 The Person in Charge has:</p> <ol style="list-style-type: none"> 1. Reviewed the rosters with the team leader to ensure that each staff member's full name is clearly displayed and that the hours worked by night duty staff were properly noted in a 24hrs format. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: In order to come into compliance with Regulation 21 The Person in Charge has:</p> <ol style="list-style-type: none"> 1. Reviewed and updated the training records for all staff to ensure they were current and live after moving to training record system. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to come into compliance with Regulation 28 The Person in Charge has:</p>	

1. Has arranged to meet with the night duty staff, and a fire drill will be conducted on 12/2/2025. The drill will be documented, detailing the number of staff involved, the number of residents who participated, and the time taken to evacuate the building.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/01/2025
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	10/01/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	12/02/2025

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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